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ABSTRACT

Based on the belief that all children have a right to quality care and education, early childhood best practices, and trained staff/providers, this guide details quality standards for early care and education programs in West Virginia, developed through the Early Education Quality Improvement Project (EQUIP). The standards are voluntary and not licensing regulations; rather, the standards guide is designed for use as a self-assessment tool to enable staff/providers and parents to assess how well their program is meeting quality standards, and to develop a plan for continuous improvement. The guide is based on the National Association for the Education of Young Children's Developmentally Appropriate Practice, Birth-8 and Accreditation Criteria, and Procedures of the National Academy of Early Childhood Programs. Following an introduction describing the Quality Improvement Project mission and goals, directions for use, and a glossary of terms, nine sections present the essential elements of early childhood program quality: (1) positive relationships; (2) family involvement; (3) program for child development and learning; (4) staff professionalism; (5) safe, healthy learning environments; (6) health promotion; (7) inclusive practices; (8) effective administration and business practices; and (9) continuity for children and families. Each section describes the rationale for the particular element and states the quality standard(s) (with examples if necessary), the indicators for each standard, the evaluation result, its priority for change, program needs, and notes/comments. Appended is a description of the West Virginia Career Pathway Levels and a form for the continuous improvement plan. (KB)

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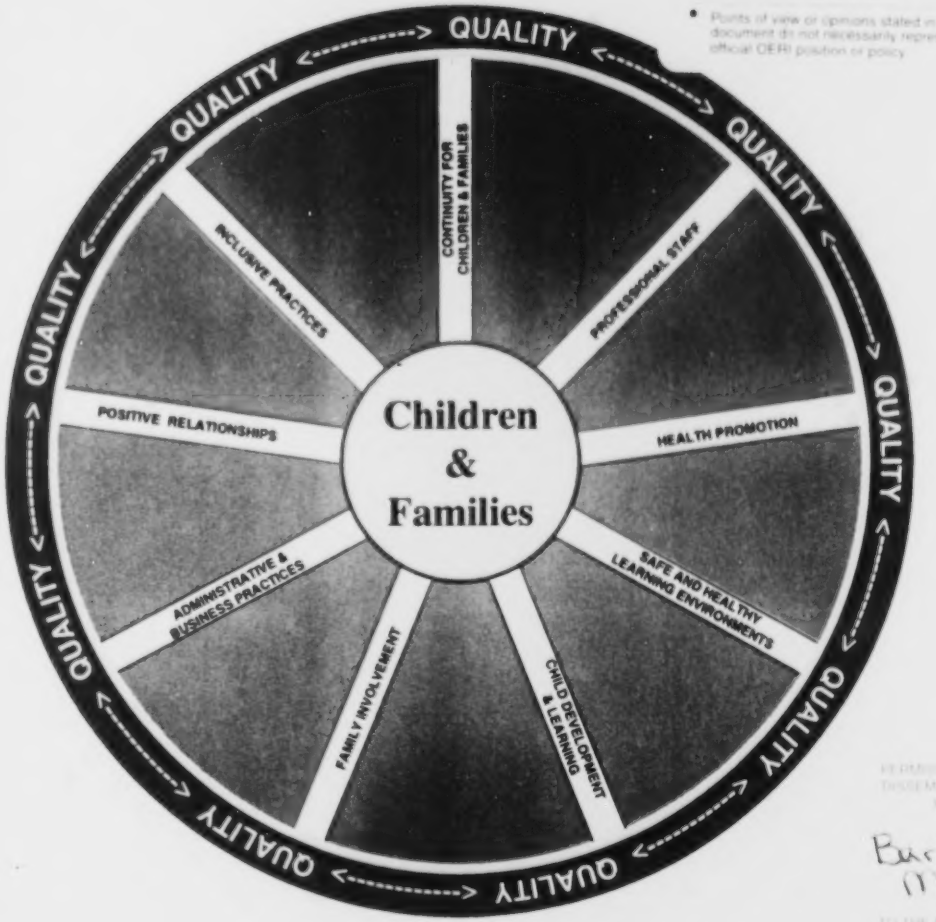


# *West Virginia*

# Essential Elements of Quality for Early Care and Education Programs

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*the Governor's Cabinet*
*on Children and Families*

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# *WEST VIRGINIA*

# *ESSENTIAL ELEMENTS OF QUALITY FOR EARLY CARE AND EDUCATION PROGRAMS*

**MAY 1997**

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**The quality standards listed in this document represent "best practices" in continuous improvement of early care and education programs. These quality standards are voluntary and not licensing regulations.**

**Acknowledgments**

The Governor's Early Childhood Implementation Commission and EQUIP (Early Education Quality Improvement Project) gratefully acknowledge the AT&T Foundation and Families and Work Institute for their financial support of the development of the "Essential Elements of Quality for Early Care and Education Programs." We are also grateful for the encouragement and support of the staff from each of the following funding organizations that represent strong partnerships in early care and education in West Virginia.

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**EQUIP Standards Development Subcommittee**

The development of the quality standards document was the work of a group of highly dedicated and professional individuals who volunteered their time and expertise to this process. The EQUIP Standards Development Subcommittee:

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**Public Comment Process**

A draft document was widely disseminated to provide a period of time from January to March 1997 for review and comments of the proposed voluntary Essential Elements of Quality document by any interested person. The EQUIP Committee made changes when deemed appropriate, based on the public comments and recommendations received from practitioners and parents including a parent affiliate group of the West Virginia Head Start Association.

**Resources**

This material has been edited, adapted, and expanded to address the values and priorities of West Virginia's young children and families. This document is based on the National Association for the Education of Young Children's (NAEYC) Developmentally Appropriate Practice, Birth-8 and Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs. In an effort to incorporate best practices, the EQUIP Standards Development Committee reviewed recent literature and also consulted with numerous resources including, but not limited to:

- Colorado Quality Standards for Early Childhood Care and Education Services (November 1994), Colorado Department of Education
- Family Literacy: An Intergenerational Approach to Learning, A Guide for Schools and Communities (1992), Center for Family Resources
- Family Literacy Self-Assessment (May 1996), West Virginia Department of Education
- Head Start Program Performance Standards (April 1996), Head Start Bureau
- Health and Safety Checklist of Legally Exempt Programs, West Virginia Department of Health and Human Resources
- Licensing Requirements for Day Care Centers; Family Day Care Home Regulations; Proposed Family Day Care Facilities Regulations, West Virginia Department of Health and Human Resources
- National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (1992), American Public Health Association and American Academy of Pediatrics
- Ohio Family and Children First Initiative (March 1996), Office of the Governor
- Oregon Forging the Link Project: Essential Elements of Programs for Children (draft March 1996)
- Part H Early Intervention Programs standards/policies 8500-8510, West Virginia Department of Health and Human Resources, Bureau of Public Health, Office of Maternal and Child Health
- Pilot Standards for Quality School-Age Child Care (1995), National School-Age Care Alliance (NSACA)
- Policy 2419: Regulations for the Education of Exceptional Students, West Virginia Department of Education
- The Quality Initiative (June 1995), National Head Start Association
- Recommended Criteria and Processes for Responding to State and Voluntary National Standards for Education (January 1995) Final Report, A Report to the National Education Goals Panel, Council of Chief State School Officers
- "The Role of Program Quality in Producing Early Childhood Program Benefits" (1995), The Future of Children Long-Term Outcomes of Early Childhood Programs
- School-Age Child Care Program Guidelines (1994), Action for Children and the Ohio Department of Education
- Vermont Core Standards and Self-Assessment Tool for Center-Based Early Childhood Programs (draft March 1996), State of Vermont, Agency of Human Services

## ESSENTIAL ELEMENTS OF QUALITY FOR EARLY CARE AND EDUCATION PROGRAMS

### INTRODUCTION

The "Essential Elements of Quality for Early Care and Education Programs" document is a result of the Early Education Quality Improvement Project (EQUIP) under the Governor's Early Childhood Implementation Commission of the Governor's Cabinet on Children and Families. It was developed through West Virginia's need to ensure continuity and quality across programs for young children and their families. This work is based on the belief that all children have a right to quality care and education, early childhood best practices and trained staff/providers.

Interest and support for the development of a system of continuity and quality services for young children and their families is evolving from local communities. Parents in need of early childhood services experience difficulty in finding and maintaining quality services. The only way in which quality for children will become common practice is for parents, grandparents, aunts, uncles, communities, neighborhoods, and state agencies to come together in a joint effort to ensure that all programs for children in West Virginia maintain essential elements of quality that reflect best practices in early care and education.

### BACKGROUND

The EQUIP project is funded by the AT&T Foundation in four states/communities and coordinated by the Families and Work Institute. It focuses on using a quality audit to assess and improve early care and education services. Four local Family Resource Networks were selected to survey early childhood programs, parents using those programs, and employers. The results were used to develop state and local quality improvement plans, which are being implemented beginning in 1996. In addition, there will be ongoing data collection around quality benchmarks and twenty-five early care and education programs have been recognized statewide as an exemplary program.

### PROJECT MISSION AND GOALS

The mission of the Governor's Early Childhood Implementation Commission is to assure the availability of high quality early childhood services and experiences to all preschool children in West Virginia, including health and nutrition, family support and education, and early childhood development and education. Our vision must consider children, families, service providers, the program, the system of services, and funding.

The Early Education Quality Improvement Project (EQUIP) under the Governor's Early Childhood Implementation Commission of the Governor's Cabinet on Children and Families is working to develop a coordinated and collaborative early care and education system that ensures continuity and quality across all programs serving children birth through eight years in group settings.

Two of the goals of the EQUIP Committee are to: 1) determine the essential elements of quality for early care and education programs; and 2) identify and recognize exemplary programs serving young children and their families.

## HOW TO USE THE SELF-ASSESSMENT TOOL

The Essential Elements of Quality for Early Care and Education Programs is presented in a simple format for staff/providers and parents to assess how well their program is meeting quality standards, and to develop a plan for continuous improvement. The purpose of working through this Self-Assessment Tool is not to make a perfect score. It is to help each program build a clear profile of its strengths and areas for improvement, and to identify strategies for staff/providers to improve their services to children.

This page of suggested directions is addressed to program staff/providers. On page 83 is a suggested format for building a continuous improvement plan based on the results of this self-assessment.

1. Assemble the people who will help assess your program. It is useful to get several people involved, such as the program director, teachers, and parents, because their different perspectives will collectively produce a more accurate reading.

2. Each person completes the self-assessment tool independently.

3. As a group, review each of the quality standards and rank the program. If the participants disagree on a ranking, choose the lower one suggested. It indicates that someone, at least, believes there is room for improvement here.

4. Under **Priority for Change**, indicate how important it is for your program to address this particular standard. **Goal for the Year** might mean your program is not meeting the standard, and you should take action immediately; **emerging** that you should work on meeting the standard soon, perhaps within the next three months; **in place** that you are fairly satisfied the standard is met, or that meeting it is a lesser concern.

5. In the **Notes/Comments** column, write down anything that may help you in addressing those items you need to work on or in commenting on these standards.

6. In the **Need** column, check technical assistance and/or resource if needed and specify under notes/comments.

7. After the group has reviewed the standards and decided on your rankings, review all the items you chose as **needs improvement**. Rank these again, prioritizing which you want to address first, second, third, etc.

8. Use the **Continuous Improvement Plan** format on page 83 to develop your strategies for priority items. Start with your highest priority, and don't select more than you can realistically accomplish. Describe the steps you will take, who will be responsible, the information and/or resources you will need, and when you plan to finish each task and/or check on your progress.

You may want to adapt this format to better suit your own improvement plan. If there are other areas in which you would like to improve, but that are not reflected in these standards, feel free to add to them.

## GLOSSARY OF TERMS

**Child-initiated Activities:** Experiences where children have choices of activities at learning centers and where they get answers to their questions and construct knowledge by exploring, experimenting, manipulating, and problem solving without being directed by an adult to find one correct answer.

**Collaboration:** Involves people from different agencies joining together to work toward a common goal. There are seven critical processes in collaboration which include: planning, information and referral services, training and staff development, financing arrangements, case management/case coordination, development of service capacity, and administration and management. An example would be the decision to build and jointly operate a community center that houses school, recreational and social service components.

**Community Collaboration:** Active participation by the large community is critical to the maximum success of the early childhood program. An organized group of persons, usually an advisory council, which is representative of the home, school, and community should be formed. This council serves as a communication link and provides direction in planning, developing, implementing, and reviewing the early childhood education program. In addition, representatives of the community will be invited to participate in the early childhood program.

**Day Care Center:** Programs serving 13 or more children in a non-family setting.

**Developmentally Appropriate:** Refers to offering content, materials, and methodologies, in a language that the child understands, that are commensurate with the child's level of development, and for which the child is ready. This means concrete hands-on experiences in preparation for moving to symbolic levels (letters, numbers, pictures).

**Early Care and Education:** Provision of purposeful experiences, public or private, aimed at guiding the physical, emotional, intellectual, and social development of young children, birth through eight years.

**Essential Elements:** The fundamental components necessary to ensure consistent quality across all programs and settings.

**Family:** Family members include: biological parents (custodial and non custodial); adoptive parents; foster parents; stepparents; grandparents and other relatives of significance to the child; all siblings (half, step, full). In addition, any individual who has extensive contact with the child and/or is a significant person in the child's life could be included.

**Family Day Care Homes:** Settings serving no more than six children located in a single-family residence.

**Family Day Care Facilities:** Settings serving no more than 12 children located in a building or a single-family residence.

**Family Partnerships:** Family members should be respected as equal partners in all phases of the early childhood program. Families are integrated into the early childhood program through opportunities to plan and participate in all states of program development and implementation. Supportive opportunities should be provided for family members to expand their knowledge of child development, increase parenting skills, extend children's learning at home, and utilize community resources.

**Inclusive Practices:** Children with a wide range of abilities learn from each other in early care and education settings. Inclusive practices exist when all children are viewed as equal members of the learning community though some children may need additional supports for their participation.

**Indicators:** The specific description of an outcome, condition, process or function of a standard which can be observed or measured and can be used to determine if the standard is being met.

**Learning Centers:** Areas in the classroom designated for interaction areas (drama, construction, tactile and art media) or curriculum areas (manipulatives for math and fine motor development, materials for language development and science exploration).

**Part B:** Refers to services for preschool-age children with disabilities and their families.

**Part H:** Refers to services for infants and toddlers with disabilities and their families.

**Staff/Providers:** All persons who interact directly with children.

**Standard:** A statement describing what is expected or considered appropriate and adequate for the operation of a high quality early childhood program.

**Standards:** The West Virginia *Essential Elements of Quality for Early Care and Education Programs* were developed collaboratively with input from practitioners and policy makers throughout West Virginia. They were designed to help ensure that early childhood programs will provide quality services to help children reach their developmental potential. It is the intent of the authors to provide these standards as a resource and self-assessment guide for practitioners. We hope that the user-friendly format promotes their use to assess, evaluate, and improve existing early childhood programs.

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**A. ESSENTIAL ELEMENT: POSITIVE RELATIONSHIPS**

RATIONALE: Self-esteem, social skills, and intellectual abilities are enhanced when the program environment promotes warm, positive and respectful interactions. Small groups of children and low ratios of children to adults encourage good relationships. Collaboration is essential among families/caregivers, staff/providers, and community agencies to strengthen the program for the well-being of the children.

**QUALITY STANDARD:**

**A-1 The program environment promotes warm, positive, and respectful interactions among staff/providers, children, and families/caregivers. Adults interact frequently with children showing affection and respect.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVE-MENT | SATISFAC-TORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Adults interact frequently with children throughout the day, using their names and engaging in one-to-one conversations. | | | | | | | | | |
| • Adults provide frequent opportunities for children to interact together. | | | | | | | | | |
| • Adults position themselves strategically to be aware of the whole group even when interacting with small groups or individuals. | | | | | | | | | |
| • Adults show appropriate affection and respect for children and model positive, culturally sensitive ways to communicate. | | | | | | | | | |
| • The sounds in the environment are mostly pleasant conversations rather than harsh voices or enforced quiet. | | | | | | | | | |

**QUALITY STANDARD:**

**A-1 The program environment promotes warm, positive, and respectful interactions among staff/providers, children, and families/caregivers. Adults interact frequently with children showing affection and respect.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Adults demonstrate appreciation and acceptance of all children, including those with special needs and/or disabilities. Cultural, racial, ethnic, lifestyle, and socioeconomic diversity is recognized and respected. | | | | | | | | | |
| • Adults are responsive to individual children's and families' needs. | | | | | | | | | |
| • Adults provide children of both genders equal opportunities to take part in all activities. | | | | | | | | | |
| • Family members and children are greeted warmly upon arrival and departure. | | | | | | | | | |
| • Interactions among adults are friendly and positive. | | | | | | | | | |
| • Adults talk with individual children during routines (arriving/departing, eating) and other activities. | | | | | | | | | |
| • Adults respectfully provide privacy in matters of personal hygiene and care. | | | | | | | | | |
| • Adults give children adequate time to communicate | | | | | | | | | |
| • Adults notice and encourage humor. | | | | | | | | | |

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**QUALITY STANDARD:**

**A-2 The number of children in a group and the number of children per adult are limited in order to enhance adult-child interactions and assure the health, safety, and well-being of children.**

| INDICATORS: | EVALUATION: NEEDS IMPROVEMENT | EVALUATION: SATISFACTORY | EVALUATION: STRENGTH | PRIORITY FOR CHANGE: GOAL FOR THE YEAR | PRIORITY FOR CHANGE: EMERGING | PRIORITY FOR CHANGE: IN PLACE | NEED: TECH ASST. | NEED: RESOURCE | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| • When there are groups with mixed-ages, the ratios and group sizes are based on the age of the youngest child. | | | | | | | | | |
| • The ratio of staff to children will vary depending on the age of the children, the type of program activity, the inclusion of children with special needs, the time of day and other factors. Both group size and staff/child ratio are determined on the basis of number and ages of children enrolled. | | | | | | | | | |

| Age of Children | Group Size | Ratio |
|---|---|---|
| Infants: | | |
| • Birth-12 months | 6 | 1:3 |
| | 8 | 1:4 |

| Age of Children | Group Size | Ratio |
|---|---|---|
| Toddlers: | | |
| • 12-24 months | 6 | 1:3 |
| | 8 | 1:4 |
| | 10 | 1:5 |
| | 12 | 1:4 |

| Age of Children | Group Size | Ratio |
|---|---|---|
| Two-year-olds: | | |
| • 24-30 months | 8 | 1:4 |
| | 10 | 1:5 |
| | 12 | 1:6 |

**QUALITY STANDARD:**

**A-2 The number of children in a group and the number of children per adult are limited in order to enhance adult-child interactions and assure the health, safety, and well-being of children.**

| INDICATORS: | | | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| **Age of Children** | **Group Size** | **Ratio** | | | | | | | | | |
| Two & ½ year olds: | 10 | 1:5 | | | | | | | | | |
| • 30-36 months | 12 | 1:6 | | | | | | | | | |
| | 14 | 1:7 | | | | | | | | | |
| **Age of Children** | **Group Size** | **Ratio** | | | | | | | | | |
| Three-year-olds | 14 | 1:7 | | | | | | | | | |
| | 16 | 1:8 | | | | | | | | | |
| | 18 | 1:9 | | | | | | | | | |
| | 20 | 1:10 | | | | | | | | | |
| **Age of Children** | **Group Size** | **Ratio** | | | | | | | | | |
| Four-year-olds | 16 | 1:8 | | | | | | | | | |
| | 18 | 1:9 | | | | | | | | | |
| | 20 | 1:10 | | | | | | | | | |
| **Age of Children** | **Group Size** | **Ratio** | | | | | | | | | |
| Four and five-year olds | 16 | 1:8 | | | | | | | | | |
| | 18 | 1:9 | | | | | | | | | |
| | 20 | 1:10 | | | | | | | | | |
| **Age of Children** | **Group Size** | **Ratio** | | | | | | | | | |
| Five-year-olds | 16 | 1:8 | | | | | | | | | |
| | 18 | 1:9 | | | | | | | | | |
| | 20 | 1:10 | | | | | | | | | |
| **Age of Children** | **Group Size** | **Ratio** | | | | | | | | | |
| Six to eight-year olds | 20 | 1:10 | | | | | | | | | |
| | 22 | 1:11 | | | | | | | | | |
| | 24 | 1:12 | | | | | | | | | |

**QUALITY STANDARD:**

**A-2 The number of children in a group and the number of children per adult are limited in order to enhance adult-child interactions and assure the health, safety, and well-being of children.**

| INDICATORS: | | | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| **Age of Children** | **Group Size** | **Ratio** | | | | | | | | | |
| Nine to twelve-year olds | 24<br>28 | 1:12<br>1:14 | | | | | | | | | |
| • Recommended staff/child ratios are maintained at all times, including during transport in a vehicle and outdoor play. | | | | | | | | | | | |
| • There are a minimal number of transitions or regrouping of children and staff/child ratios are maintained at all times. | | | | | | | | | | | |
| • Group size is limited either by walls, dividers or barriers that limit distractions and noise and provide for better supervision and interaction between staff and children. | | | | | | | | | | | |
| • Staff/child ratios do not include individuals involved in providing specialized functions, such as bus drivers, cooks, bookkeepers, secretaries or others who are not providing direct care of children or who do not meet the necessary qualifications. | | | | | | | | | | | |
| • Substitutes are provided to maintain staff-child ratios when regular staff are absent. | | | | | | | | | | | |

**QUALITY STANDARD:**

**A-3 Sufficient staff with responsibility for working directly with children are available to provide frequent personal contact, meaningful learning activities and supervision, and to offer immediate care as needed.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Adults quickly comfort children in distress. | | | | | | | | | |
| • Adults reassure crying children. | | | | | | | | | |
| • Adults listen to children with attention and respect. | | | | | | | | | |
| • Adults listen and respond to children's questions and requests in a friendly and courteous manner. | | | | | | | | | |
| • Adults encourage inventiveness, curiosity, and ingenuity. | | | | | | | | | |
| • Adults identify and nurture personal capacities to solve problems, evaluate choices, make decisions and take risks. | | | | | | | | | |
| • Adults speak with individual children often. | | | | | | | | | |
| • Adults speak with children at children's eye level. | | | | | | | | | |
| • Adults call children by name. | | | | | | | | | |
| • Adults are not only aware of, but also show interest in, children's activities outside of the early care and education setting (e.g., family, sports, Scouts, Brownies). | | | | | | | | | |

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**QUALITY STANDARD:**

**A-4 Adults talk with individual children and encourage children's language, growth and development.**
*For example*: Adults repeat infants' sounds, talk about things toddlers see, help two-year-olds name things, ask preschoolers open-ended questions, provide opportunities for children in early childhood programs to talk about their day.

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Every effort is made to have at least one adult available in the program to communicate with a child who speaks a language different than the rest of the children or uses sign language to communicate. | | | | | | | | | |
| • Adults respect a child's method and style of communication, which could include:<br>▸ gestures and jargon,<br>▸ sign language,<br>▸ computer-enhanced learning,<br>▸ other assistive devices,<br>▸ other forms of nonverbal language, and<br>▸ native language. | | | | | | | | | |
| • Adults facilitate child-to-child communications among all children. | | | | | | | | | |
| • Adults ask open-ended questions. | | | | | | | | | |
| • Adults provide opportunities and time each day for conversations based on the children's interest. | | | | | | | | | |
| • Adults initiate activities and discussions to build positive self-identity and to teach the value of differences. | | | | | | | | | |

**QUALITY STANDARD:**

**A-5 The program establishes a working relationship with social services agencies, educational resources, medical and health facilities, regulatory agencies, and neighborhoods.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Adults are encouraged to become members of interagency committees and regular participants in interagency projects and other collaborative activities in the community. | | | | | | | | | |
| • Adults point out contributions of ethnic groups, particularly groups represented by children in the setting. | | | | | | | | | |
| • Adults provide all children with equal opportunities to take part in all activities. | | | | | | | | | |

**QUALITY STANDARD:**

**A-6 Staff treat children of all races, religions, cultures, and abilities equally, with respect and consideration.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Adults integrate activities related to ethnicity, religion, and culture on a daily basis, not just on holidays or special occasions. | | | | | | | | | |
| • Adults point out contributions of ethnic groups, particularly groups represented by children in the setting. | | | | | | | | | |
| • Adults provide all children with equal opportunities to take part in all activities. | | | | | | | | | |

**QUALITY STANDARD:**

**A-7 Adults encourage independence in children through appropriate age and developmental choices.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Adults encourage children to acquire self-help skills.<br><br>*For example:*<br>Infants: finger-feeding self.<br>Toddlers: washing hands, selecting own materials.<br>Threes and fours: dressing, picking up materials.<br>Fives: setting table, cleaning, acquiring self-help skills.<br>Primary students: performing responsible jobs, participating in community activities. | | | | | | | | | |

**QUALITY STANDARD:**

**A-8 Adults use positive guidance techniques and approaches to help children act responsibly. Consistent guidance is used by adults and rules are developed together by children and staff.**

*NOTE: The aim of discipline is to help children eventually become self-disciplined. Restraint and corporal punishment do not develop self-discipline skills and are not acceptable guidance methods.*

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Adults model appropriate behavior. | | | | | | | | | |
| • Staff plans ahead to prevent problems. | | | | | | | | | |
| • Consistent guidance is used and rules are developed. | | | | | | | | | |
| • Staff use positive reinforcement and encouragement that are specific to the task. | | | | | | | | | |

**QUALITY STANDARD:**

**A-8 Adults use positive techniques of guidance and positive approaches to help children act responsibly. Consistent guidance is used by adults and rules are developed together by children and staff.**

*NOTE: The aim of discipline is to help children eventually become self-disciplined. Restraint and corporal punishment do not develop self-discipline skills and are not acceptable guidance methods.*

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Staff use redirection as their primary guidance technique. | | | | | | | | | |
| • Staff use natural and logical consequences in a fair and consistent manner. | | | | | | | | | |

**QUALITY STANDARD:**

**A-9 Adults assist children to identify and effectively deal with their emotions.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Overall atmosphere of group is pleasant. *For example:* Happy laughter, excitement, busy activity, relaxed talking are noticeable. Adult voices do not dominate. Children are not required to spend large blocks of time sitting and working quietly. Adults allow children latitude to solve their own problems. | | | | | | | | | |
| • Adults recognize and accept a range of emotions, expressed by children, e.g., anger, sadness, happiness. | | | | | | | | | |
| • Adults encourage and model for children expressions of feeling (e.g., You look sad. How are you feeling? You sound angry.) 38 | | | | | | | | | 39 |

**QUALITY STANDARD:**

**A-9 Adults assist children to identify and effectively deal with their emotions.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Adults help children deal with anger, sadness, and frustration in constructive ways. | | | | | | | | | |
| • Children are comfortable, relaxed, happy, and involved in play and other activities. | | | | | | | | | |
| • Adults provide a variety of opportunities, assistance, and modeling to encourage child-to-child interaction. *For example:* Adults teach children to use alternative communication methods with peers. | | | | | | | | | |

**QUALITY STANDARD:**

**A-10 Adults encourage pro-social behaviors in children such as cooperating, helping, taking turns, and talking to solve problems.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Adults model the desired behaviors. | | | | | | | | | |
| • Adults encourage pro-social behaviors. | | | | | | | | | |

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**QUALITY STANDARD:**

**A-10 Adults encourage pro-social behaviors in children such as cooperating, helping, taking turns, and talking to solve problems.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Adults' expectations of children's social behavior are developmentally appropriate. *For example:* A variety of similar equipment is available so toddlers are not forced to share too often. Preschoolers are encouraged to cooperate in small groups. Children in early childhood programs have opportunities to participate in group games, cooperative learning, and partner activities, or to work or play alone. | | | | | | | | | |
| • Adults provide opportunities which enhance children's internal motivation for acquiring competence. | | | | | | | | | |

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## B. ESSENTIAL ELEMENT: FAMILY INVOLVEMENT

RATIONALE: Parents play the primary, critical role in supporting their children's growth and development. Effective early care and education programs include families as partners in the planning, implementation, and evaluation of day-to-day activities. Programs build and support this partnership — and they provide continuity and consistency with children's home lives — when they offer a variety of meaningful opportunities for families to participate and when they communicate regularly with parents and others who are significantly involved with the children. Practices are family-focused when they show respect for the family's role in children's lives and acknowledge the impact of parents and other family members as children's first and most influential teachers. Effective programs acknowledge and accommodate, as much as possible, the diversity in today's family structures and backgrounds. Staff/providers invite families to approach them with any concerns or suggestions. Confidentiality is always respected. Limited program resources make it unrealistic to expect that every program will be equipped to deal with all the needs that face today's children and families. Staff/providers should be knowledgeable about community services and resources that can supplement those of the program. By providing early care and education services and referrals to families in such areas as health, nutrition, social services, and transportation, programs can help knit together a unified early care and education system.

**QUALITY STANDARD:**

**B-1 Staff/providers establish regular and consistent ways of communicating with families.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Family members are greeted upon arrival and departure. | | | | | | | | | |
| • There is a written and/or verbal system for sharing day-to-day happenings that affect children. Communications stress positive events or personality characteristics of individual children. | | | | | | | | | |
| • There are frequent formal and informal opportunities for communicating about the program, the child, and the family's needs and goals. | | | | | | | | | |
| • Staff/providers respond to the needs of each individual family. | | | | | | | | | |
| • All communications are available in the primary language of the family. | | | | | | | | | |

**QUALITY STANDARD:**

**B-1 Staff/providers establish regular and consistent ways of communicating with families.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Staff/providers visit the families in their homes to share information, report progress, and demonstrate developmentally appropriate techniques. | | | | | | | | | |

**QUALITY STANDARD:**

**B-2 Families are encouraged to be involved partners in the program.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Family members are welcome to visit at any time. | | | | | | | | | |
| • Environments are arranged so that families feel welcome. | | | | | | | | | |
| • Each family is given the opportunity to define how they will participate. The program accepts and values different levels of participation. | | | | | | | | | |
| • There are a variety of opportunities to encourage family participation. | | | | | | | | | |
| • Family members are invited to be involved in experiences and activities that enhance their skills, self-confidence, and sense of independence. | | | | | | | | | |
| • Interests, abilities, and cultures of family members are incorporated into the program of activities for the children. | | | | | | | | | |

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**QUALITY STANDARD:**

**B-3 Family members participate in decision-making and program evaluation.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Family members serve on an advisory committee or governing board that provides direction for planning, resolving problems, and evaluating the program. | | | | | | | | | |
| • Families regularly participate in program evaluation and have opportunities for input in decision making. | | | | | | | | | |

**QUALITY STANDARD:**

**B-4 Families receive support, information, and assistance from the staff/providers in accessing services to meet family needs and goals.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Staff/providers are knowledgeable about community resources and processes for making referrals. | | | | | | | | | |
| • Staff/providers inform families of education opportunities and events for families. | | | | | | | | | |
| • Staff/providers provide information to families on child development and parenting skills that will strengthen their role as the primary influence in their children's lives. | | | | | | | | | |
| • Families provide feedback on the staff/providers' efforts to assist them in meeting their needs and goals. | | | | | | | | | |

**QUALITY STANDARD:**

**B-4 Families receive support, information, and assistance from the staff/providers in accessing services to meet family needs and goals.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Staff/providers recognize indicators of emotional distress and child abuse and neglect and make appropriate referrals. | | | | | | | | | |

**C. ESSENTIAL ELEMENT: PROGRAM FOR CHILD DEVELOPMENT AND LEARNING**

RATIONALE: Early childhood programs that respond to the natural curiosity of young children reaffirm a sense of self, promote positive attitudes toward learning, and help build skills in the use of language, problem solving and cooperation. Age-appropriate activities that support play, free expression, creative growth, and the development of social skills help each child gain a foundation for academic learning. Activities are planned to be individually-appropriate for the interests and needs of the children in the group and to reflect the cultures of the families, staff, and community.

**QUALITY STANDARD:**

**C-1 The program is based on a mission statement and goals.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • A mission statement and goals are available in written form. | | | | | | | | | |
| • Families are informed of the mission statement and goals when their children are enrolled. | | | | | | | | | |
| • Program planning and evaluation reflect the program's mission and goals. | | | | | | | | | |

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**QUALITY STANDARD:**

**C-2 Activities are based upon knowledge of child development and learning styles.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Staff/providers offer a variety of developmentally appropriate hands-on activities for children to achieve the following goals: *(Rate each goal separately considering the examples related to the age group being observed.)*: | | | | | | | | | |
| ▸ Activities should extend the thinking of children beyond specific facts or closed-ended products.<br>▸ Activities should be free of pre-made examples or models that inhibit the child's motivation to create products different than the displayed model.<br>▸ Activities should be developed from a wide variety of materials/media so that children can demonstrate a unique approach. | | | | | | | | | |
| • Activities are both adult directed and child initiated. | | | | | | | | | |
| • Time and materials are provided for children to select their own activities during part of each day. Several choices are available, and children's choices are respected. | | | | | | | | | |
| • The schedule provides a balance of activities in the following dimensions:<br>▸ Indoor/outdoor<br>▸ Quiet/active<br>▸ Individual/small group/large group<br>▸ Large muscle/small muscle<br>▸ Child-initiated/staff-initiated. | | | | | | | | | |

**QUALITY STANDARD:**

**C-3 Materials and equipment utilized are based upon knowledge of child development and learning.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Developmentally appropriate materials and equipment are available for *infants*.<br>‣ Rattles, squeak toys, music.<br>‣ Soft toys.<br>‣ Teething toys.<br>‣ Mobiles, unbreakable mirrors, bright objects, pictures.<br>‣ Crawling area, sturdy furniture to pull self up.<br>‣ Cause and effect materials.<br>‣ Gross motor equipment (e.g., slides, tunnels).<br>‣ Toys large enough to prevent swallowing or choking. | | | | | | | | | |
| • Developmentally appropriate materials and equipment are available for *toddlers*.<br>‣ Push and pull toys.<br>‣ Stacking toys, large wooden spools/beads/cubes.<br>‣ Pounding bench, simple puzzles.<br>‣ Telephones, dolls, creative toys.<br>‣ Large paper, crayons.<br>‣ Sturdy furniture to hold on to while walking.<br>‣ Sand and water equipment.<br>‣ Toys large enough to prevent swallowing or choking. | | | | | | | | | |

**QUALITY STANDARD:**

**C-3 Materials and equipment utilized are based upon knowledge of child development and learning.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Developmentally appropriate materials and equipment are available for *preschoolers*<br>  ◦ Active play equipment for climbing and balancing.<br>  ◦ Unit blocks and accessories.<br>  ◦ Puzzles and manipulative materials.<br>  ◦ Picture books, records, tapes, CDs, and musical instruments.<br>  ◦ Art materials such as finger and tempera paints, a variety of brushes, crayons, scissors, paste, paper in different sizes and textures, glue, and collage materials.<br>  ◦ Dramatic play materials such as dolls, dress-up clothes and props, child-sized furniture, puppets.<br>  ◦ Sand and water equipment. | | | | | | | | | |



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**QUALITY STANDARD:**

**C-3 Materials and equipment utilized are based upon knowledge of child development and learning.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Developmentally appropriate materials and equipment are available for *children in early childhood programs.*<br>‣ Active play equipment and materials such as bats and balls for organized games.<br>‣ Construction materials for woodworking, blocks.<br>‣ Materials for art and science projects.<br>‣ Books, records, musical instruments.<br>‣ Board and card games.<br>‣ Math manipulatives.<br>‣ Blocks and map-making props.<br>‣ Literature selections as well as reference materials.<br>‣ Writing materials and tools. | | | | | | | | | |

**QUALITY STANDARD:**

**C-4 Activities are based on individual child interests, needs, and strengths.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Activities reflect the abilities and the interests of the children. | | | | | | | | | |
| • Activities and routines are responsive to and respectful of individual differences and needs. | | | | | | | | | |

**QUALITY STANDARD:**

**C-5 Activities help children view themselves as members of their community.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Activities reflect an understanding of family cultures of the children in the group and help the community in which the children live. | | | | | | | | | |
| • Older children contribute to the community through projects and volunteer work. | | | | | | | | | |
| • Family and community members are invited to participate in volunteer projects. | | | | | | | | | |

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**QUALITY STANDARD:**

**C-6 Activities promote the social emotional, physical, and intellectual development of children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Adults foster positive self-concept in children. *For example:*<br>▸ Infants, younger toddlers:<br>- Hold, pat, and touch babies for comfort and stimulation.<br>- Talk and sing to babies.<br>- Imitate each baby's actions and sounds.<br>- Play mirror games, label facial features, and body parts.<br>- Allow infants to feed themselves when ready.<br>- Encourage and support each baby's developmental achievements such as pulling up self. | | | | | | | | | |
| ▸ Older todders/preschoolers:<br>- Allow time for children to talk about what they see, do, and like.<br>- Use children's names frequently in songs, games.<br>- Display children's work and photos of children.<br>- Encourage children to draw pictures, tell stories about self and family. | | | | | | | | | |

**QUALITY STANDARD:**

**C-6 Activities promote the social emotional, physical, and intellectual development of children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| ▸ Children in early childhood programs:<br>- Provide opportunities to express growing independence/self-reliance such as the ability to make positive choices, initiate own activities.<br>- Allow opportunities to play alone. | | | | | | | | | |
| • Adults help children develop social skills. *For example:*<br>▸ Infants/younger toddlers:<br>- Hold, pat, and touch babies.<br>- Talk to, sing to, and play with each baby on a one-to-one basis.<br>- Respond to and expand on the individual child's cues.<br>- Interpret younger toddlers actions to other children to help them get along in the group (e.g., "Mary had it first"). | | | | | | | | | |
| ▸ Older toddlers/preschoolers:<br>- Assist toddlers in social interaction.<br>- Create space and time for small groups of children to build blocks together or enjoy dramatic play.<br>- Provide opportunities for sharing, caring, and helping, such as making cards for a sick child or caring for pets. | | | | | | | | | |

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**QUALITY STANDARD:**

**C-6 Activities promote the social emotional, physical, and intellectual development of children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Children in early childhood programs:<br>- Arrange planned and spontaneous activities in team sports, group games, interest clubs, board and card games.<br>- Allow time to sit and talk with peer or adult. | | | | | | | | | |
| • Adults encourage children to think, reason, question, and experiment. *For example:*<br>• Infants/younger toddlers:<br>- Provide a stimulating, safe environment in which infants and toddlers can explore and manipulate.<br>- Provide pictures, mobiles, brightly colored objects for babies to look at, reach for, and grasp.<br>- Play naming and hiding games such as peek-a-boo, pat-a-cake.<br>- Provide rattles, squeak toys, and other noise-making objects for babies to hear.<br>- Move or carry around non-crawling infants so they can see different things and people.<br>- Utilize the outdoors as a learning environment, by taking daily walks and using language to comment on additions, changes, and the weather. | | | | | | | | | |

**QUALITY STANDARD:**

**C-6 Activities promote the social emotional, physical, and intellectual development of children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Older toddlers/preschoolers:<br>- Plan activities for labeling, classifying, sorting objects by shape, color, and size.<br>- Discuss daily and weekly routines in terms of time, concepts, and season of the year.<br>- Observe natural events such as seeds growing and the life cycle of pets.<br>- Create opportunities to use numbers and to count objects.<br>- Take walks around the neighborhood.<br>- Plan trips that integrate new learning experiences for preschoolers.<br>- Encourage water and sand play. | | | | | | | | | |
| • Children in early childhood programs:<br>- Provide activities such as cooking, gardening, science experiments, trips within the community, interacting with visitors, multicultural experiences, and computer projects. | | | | | | | | | |
| • The environment encourages children to construct, modify, and integrate mathematical concepts. | | | | | | | | | |

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**QUALITY STANDARD:**

**C-6 Activities promote the social emotional, physical, and intellectual development of children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Children develop a beginning awareness of themselves, others, and the world in which they live through concrete experiences that are meaningful to their lives. | | | | | | | | | |
| • Children solve problems on a daily basis in a climate that encourages and supports problem-solving efforts. | | | | | | | | | |
| • Mathematics and the scientific process are integrated into children's daily experiences (both planned and spontaneous) and ongoing activities. | | | | | | | | | |
| • Adults provide children with opportunities to explore, manipulate, investigate, and discover. | | | | | | | | | |
| • Adults provide a wide variety of life science materials including live animals (e.g., fish, guinea pigs, insects), plants, and scientific tools (scales, magnifiers, magnets.) | | | | | | | | | |
| • Adults encourage children to engage in trial and error learning. | | | | | | | | | |
| • Adults respond to children's questions in a way that extends the children's ideas. | | | | | | | | | |

**QUALITY STANDARD:**

**C-6 Activities promote the social emotional, physical, and intellectual development of children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Adults provide time for conversation and ask children questions that require more than a one word answer. | | | | | | | | | |
| • Adults encourage children to comment on their observation of the natural and social world (the seeds have begun to sprout, the plant grew overnight). | | | | | | | | | |
| • Adults facilitate discussions with children in which points of view are openly shared and respected. | | | | | | | | | |
| • Adults initially present concepts to children via concrete, hands-on materials, and provide concrete materials on an ongoing basis to reinforce concepts. | | | | | | | | | |
| • Adults use multi-sensory activities to present information to children. | | | | | | | | | |
| • Adults provide experiences requiring the use of quantity-comparative terms, such as "more," "a lot," "some," "all," "same," "not as much." | | | | | | | | | |
| • Adults facilitate problem-solving situations that are real and relevant to children. | | | | | | | | | |

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**QUALITY STANDARD:**

**C-6 Activities promote the social emotional, physical, and intellectual development of children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Adults provide many opportunities for children to match, estimate, create sets, and count. Staff accept children's approximation in these areas. | | | | | | | | | |
| • Children provide care for plants and animals. | | | | | | | | | |
| • Children recognize, describe, copy, extend, and create concrete patterns. | | | | | | | | | |
| • Children use estimation to record information to make better guesses. | | | | | | | | | |
| • Children show an understanding of the concept of time, beginning with the recognition of time as a sequence of events. | | | | | | | | | |
| • Children record their work with numbers in a variety of formats at the concrete, pictorial, and symbolic levels. | | | | | | | | | |
| • Children use quantity-related words within the context of their own language structure. | | | | | | | | | |
| • Children classify and order materials and events according to attributes and properties. | | | | | | | | | |
| • Children utilize discovery learning by predicting what they think will happen, test out their predictions, and evaluate the results of their experiments. | | | | | | | | | |

**QUALITY STANDARD:**

**C-6 Activities promote the social emotional, physical, and intellectual development of children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Adults encourage children's language development. *For example:*<br>▸ Infants/younger toddlers:<br>- Look at simple books and pictures.<br>- Talk, sing, and play with babies throughout the day.<br>- Label objects and events.<br>- Use action rhymes.<br>- Encourage imitation by repeating children's gestures and attempts at words.<br>- Play verbal games, have informal conversations.<br>- Respond to sounds infants makes. | | | | | | | | | |
| ▸ Older toddlers/preschoolers:<br>- Read books, tell stories about experiences, talk about pictures.<br>- Provide time for conversation, ask questions that require more than one word answers.<br>- Answer children's questions.<br>- Add more information to what children say.<br>- Label things in room, use written words with pictures and spoken language.<br>- Use flannel board, puppets, songs, finger plays. | | | | | | | | | |

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**QUALITY STANDARD:**

**C-6 Activities promote the social emotional, physical, and intellectual development of children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Children in early childhood programs:<br>- Provide opportunities to read books.<br>- Write and produce plays, publish newspapers, write stories and poetry.<br>- Share experiences with friends or adults.<br>- Use audiovisual equipment such as tape recorders.<br>- Make own videos. | | | | | | | | | |
| • Language activities are integrated throughout daily experiences. | | | | | | | | | |
| • Activities and materials are adapted to encourage <u>all</u> children to use their receptive and expressive language abilities (communication boards, touch talkers, voice amplification systems, magnifiers, word processors). | | | | | | | | | |
| • Children's literature including poetry, nursery rhymes, and folk tales, is used often for enjoyment as well as to supplement children's real life experiences related to curricular topics. | | | | | | | | | |
| • Adults provide children with a variety of ways to read, write, listen, and speak related to their interests and abilities. | | | | | | | | | |
| • Children's names are a focal point of daily print used in activities with older preschoolers and kindergartners. | | | | | | | | | |

**QUALITY STANDARD:**

**C-6 Activities promote the social emotional, physical, and intellectual development of children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Oral language activities and playful language such as chants, poems, nursery rhymes, and songs are a regular part of the program. | | | | | | | | | |
| • Children share stories on a regular basis including repetition of old favorites and new material in small groups, at listening centers, with older children, and with adults. | | | | | | | | | |
| • Older children read on their own and are read to on a daily basis. | | | | | | | | | |
| • Skill work done in reading/writing is always related to the whole context of the children's writing or the story used. | | | | | | | | | |
| • Sample activities might include: language experience stories, taped stories, film/filmstrips, creative drama, picture stories, cooking activities, and flannel board activities. | | | | | | | | | |
| • Adults demonstrate the relationship between the written and spoken word daily by reading to children, taping children's ideas and dictation, labeling natural objects, and helping children write their own phrases. | | | | | | | | | |
| • Adults use appropriate written symbols while working with children. | | | | | | | | | |

**QUALITY STANDARD:**

**C-6 Activities promote the social emotional, physical, and intellectual development of children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Adults provide a variety of interesting activities for children other than workbooks to develop language, listening, and reading ability. | | | | | | | | | |
| • Adults introduce a variety of literary forms such as storybooks, poems, big books, newspapers, magazines, catalogues, and signs. | | | | | | | | | |
| • Adults encourage and praise children's attempts at using written/symbolic language for the spoken word. | | | | | | | | | |
| • Children use written and/or illustrative forms of language to express themselves, including inventing spellings to represent spoken words. | | | | | | | | | |
| • Children dictate stories or statements to adults. | | | | | | | | | |
| • Children interpret written/illustrative communication verbally. | | | | | | | | | |
| • Children write, draw pictures, and/or dictate stories in journals or other recordkeeping devices on a regular basis. | | | | | | | | | |

**QUALITY STANDARD:**

**C-7 Activities are based upon informal and/or formal strengths and needs.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Individual descriptions of each child's development and learning are compiled periodically. These assessments are based on the accumulated information from observations and work samples, other professionals, and families. Assessment shapes teaching practice, supports children's strengths and abilities, and is respectful of the many ways children learn. | | | | | | | | | |
| • Information from professionals who have knowledge of the child is obtained when children have special needs. | | | | | | | | | |

**QUALITY STANDARD:**

**C-8 When necessary, modifications are made in the environment, schedule, and activities to meet a child's special needs.**

*For example:*
- Indoor and outdoor environments are accessible to children with special needs, including ramps, bathroom, and playground access.
- Scheduling is modified as needed.
- Programming is modified as needed, including use of special materials and equipment, supportive services, and individualization of activities.

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Families are provided an array of options for services and supports. | | | | | | | | | |

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## D. ESSENTIAL ELEMENT: STAFF PROFESSIONALISM

RATIONALE: The quality of any program for young children is largely determined by the knowledge, experience, and training of staff/providers. Early care and education services offered by qualified staff/providers make positive contributions to the children's growth, development, education, and well-being. Staff/providers value their career choices and show dignity and respect for themselves and others. They participate in educational opportunities and belong to professional associations to advance their knowledge and skills and to improve the quality of their services. They follow ethical standards, advocate for children and families, and are compensated fairly for their services. Staff/providers have time to reflect and plan.

**QUALITY STANDARD:**

**D-1 Staff/providers are qualified by education, training, and experience to provide quality early care and education to children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Staff/providers, including substitutes, have no criminal background as demonstrated by criminal record checks. | | | | | | | | | |
| • Staff/providers hold current certification in child CPR and child first aid. | | | | | | | | | |
| • Staff/providers possess the appropriate qualifications for their positions according to the "West Virginia Career Pathway Levels." (See appendices). | | | | | | | | | |
| • Staff/providers have personal attributes necessary for effective work with children and families. These include:<br>▸ Commitment to lifelong learning,<br>▸ Professional responsibility,<br>▸ Ability to communicate effectively,<br>▸ Respectful attitudes,<br>▸ Ability to cooperate with others, and<br>▸ Self-awareness. | | | | | | | | | |
| • Staff/providers continue to increase their knowledge in the core competency areas by participating in training and higher education opportunities. | | | | | | | | | |

**QUALITY STANDARD:**

**D-1 Staff/providers are qualified by education, training, and experience to provide quality early care and education to children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Staff/providers reflect the cultural and ethnic diversity of the community in which the children live. | | | | | | | | | |
| • Staff/providers are oriented regarding the program's philosophy, goals, policies, emergency procedures, and expectations for ethical conduct. | | | | | | | | | |
| • Substitute staff/providers are employed to ensure that child-staff ratios are maintained or substitute care is available at all times. | | | | | | | | | |

**QUALITY STANDARD:**

**D-2 Staff/providers value their career choice and continually seek to advance their knowledge and skills.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • The program has a written policy stating a commitment to staff development. | | | | | | | | | |
| • Staff/providers are members of professional organizations, support groups, and/or mentoring programs that assist them through supervision and support. | | | | | | | | | |
| • Staff/providers use books, professional journals, videotapes, and/or other media to gain new information. | | | | | | | | | 91 |

**QUALITY STANDARD:**

**D-2 Staff/providers value their career choice and continually seek to advance their knowledge and skills.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Staff/providers participate in conferences, workshops, and/or college courses to increase knowledge and specialization in the core knowledge areas. | | | | | | | | | |

**QUALITY STANDARD:**

**D-3 Staff/providers follow a code of ethics that includes respect for children, families, colleagues, and community. They are advocates for children and families.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Staff/providers receive training in ethics and professional responsibility. | | | | | | | | | |
| • A copy of the National Association for the Education of Young Children (NAEYC) Code of Ethical Conduct or a similar document from another professional organization is posted at the facility. | | | | | | | | | |
| • Staff/providers maintain confidentiality regarding all personal information about children and families and share information with others only with written consent of the family. | | | | | | | | | |
| • Staff/providers know their legal obligations and procedures for reporting suspected cases of child abuse or neglect. | | | | | | | | | |

**QUALITY STANDARD:**

**D-3 Staff/providers follow a code of ethics that includes respect for children, families, colleagues, and community. They are advocates for children and families.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Staff/providers participate in advocacy efforts for children and families. | | | | | | | | | |

**QUALITY STANDARD:**

**D-4 Compensation and benefits are comparable with other positions that have similar qualifications and responsibilities.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • The program has policies on compensation that include increases based on performance, seniority, and/or additional professional development. | | | | | | | | | |
| • Staff/providers have benefit packages to meet their individual needs which may include: paid leave time (annual, sick, and/or personal), medical insurance, retirement, subsidized child care, and educational benefits. | | | | | | | | | |
| • Staff/providers have time within their schedules to reflect, plan, and participate in educational opportunities. | | | | | | | | | |
| • The program has a written plan for the upgrading of salaries and benefits which demonstrates an effort to improve equity of compensation among early care and education staff/providers. | | | | | | | | | |

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## E. ESSENTIAL ELEMENT: SAFE, HEALTHY LEARNING ENVIRONMENTS

RATIONALE: For children to develop and learn, their health and safety must be protected. The physical environment of a quality early care and education program supports health, safety, and learning for all participants. A safe and healthy environment with enough space to avoid overcrowding helps to minimize the risks of injury and disease. An environment arranged for active and independent participation by the children and furnished with developmentally appropriate materials and equipment supports children's gains in development and learning.

**QUALITY STANDARD:**

**E-1 The physical environment includes an adequate amount of space for children's indoor and outdoor activities, for adult planning and management activities, and for adult privacy.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • At least 35 square feet of usable play space per child indoors and 75 square feet per child outdoors is available. | | | | | | | | | |
| • Space is planned for children to play or work individually, in small groups, and in large groups. | | | | | | | | | |
| • Clear pathways are evident to minimize accidents and disruption of activities. | | | | | | | | | |
| • Individual spaces for children to store personal belongings are provided. | | | | | | | | | |
| • Areas are available indoors and outdoors for children to have solitude. | | | | | | | | | |
| • Separate spaces away from the children are provided for staff for planning, administrative activities, and personal care. | | | | | | | | | |
| • The facility is accessible to those who are physically challenged so they can participate in the full range of activities. | | | | | | | | | |

**QUALITY STANDARD:**

**E-2 The physical environment is planned to minimize accidents, injuries, and unsafe conditions for children and staff/providers.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Furnishings, such as toilets, sinks, chairs, cribs, barriers, and guards, meet safety standards and are sized appropriately for safe and sanitary child use. | | | | | | | | | |
| • Barriers or guards are used to prevent falls from windows and steps or burns from heat sources. | | | | | | | | | |
| • The facility, furnishings and materials are kept in good repair. Broken or splintered equipment and materials are repaired immediately or removed until they can be repaired. | | | | | | | | | |
| • The environment is planned for safe and supervised arrival and departure of the children. There is a system for ensuring that children are released only to authorized people. | | | | | | | | | |
| • The indoor and outdoor areas are arranged for easy adult supervision appropriate to the age of the child. | | | | | | | | | |
| • Children are under adult supervision at all times. For example:<br>▸ Infants and toddlers are never left unattended.<br>▸ Preschoolers are supervised by sight and sound.<br>▸ Staff/providers know where school-age children are and what they are doing. | | | | | | | | | |

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**QUALITY STANDARD:**

**E-2 The physical environment is planned to minimize accidents, injuries, and unsafe conditions for children and staff/providers.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVE-MENT | SATISFAC-TORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • The facility has written evidence of compliance with local fire, health, and safety codes. | | | | | | | | | |
| • Doorways and exits are free of debris and equipment and unlocked when the facility is occupied to allow a fast exit in an emergency. | | | | | | | | | |
| • The facility has at least two exits, at different sides of the building, that lead to an open space at ground level. | | | | | | | | | |
| • First aid supplies are readily available. | | | | | | | | | |
| • Emergency evacuation plans are available and posted. Fire and other emergency drills are held on a regular basis. | | | | | | | | | |
| • Staff/providers have immediate access to a telephone. | | | | | | | | | |
| • Emergency phone numbers are posted by the telephone. | | | | | | | | | |
| • Smoke detectors and fire extinguishers are available and in proper working order. | | | | | | | | | |
| • Medications are stored in a designated locked area and administered only by a designated staff member/provider upon written consent. Medications are refrigerated if necessary. | | | | | | | | | |
| • A written record is kept of all medications administered. | | | | | | | | | |

**QUALITY STANDARD:**

**E-2 The physical environment is planned to minimize accidents, injuries, and unsafe conditions for children and staff/providers.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • All chemicals and potentially dangerous products such as cleaning supplies, antifreeze and gardening chemicals are stored in original, labeled containers and secured in places that are inaccessible to the children. | | | | | | | | | |
| • The outdoor area is surrounded by a fence or other natural barrier. | | | | | | | | | |
| • The outdoor environment includes a shady area for protection from sun and a sheltered area for protection from rain. | | | | | | | | | |
| • If swimming pools are used, they are properly constructed, maintained, and sanitized in order to minimize injury and/or the spread of disease and infection. | | | | | | | | | |
| • Children may access swimming pools only with adult approval and supervision. | | | | | | | | | |
| • Vehicles used for transportation of children are appropriately licensed, inspected, and maintained. | | | | | | | | | |
| • Vehicles are equipped with adult and age-appropriate child safety restraints. | | | | | | | | | |
| • Children wear helmets when riding bicycles. | | | | | | | | | |

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**QUALITY STANDARD:**

**E-2 The physical environment is planned to minimize accidents, injuries, and unsafe conditions for children and staff/providers.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVE-MENT | SATISFAC-TORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • All potentially dangerous machinery and equipment such as lawnmowers and knives are secured in an area inaccessible to the children. Knives and other sharp objects are used by the children under adult supervision and when developmentally appropriate. | | | | | | | | | |
| • All firearms are stored in a locked area completely separate from where the children are located. Ammunition is stored and locked in a place separate from the firearms and the children. | | | | | | | | | |

**QUALITY STANDARD:**

**E-3 The physical environment is planned to maximize the health of children, families and staff/providers.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVE-MENT | SATISFAC-TORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Hand washing facilities with warm water, liquid soap and paper towels are available in toileting and diapering areas. | | | | | | | | | |
| • Separate hand washing facilities are available in the food preparation area. | | | | | | | | | |
| • Toilets and diapering areas are properly sized for child use, adequate in number and located away from the food preparation area to minimize risk of fecal/oral contamination. | | | | | | | | | |
| • Laundry facilities are located away from the food preparation and serving areas. | | | | | | | | | |

**QUALITY STANDARD:**

**E-3 The physical environment is planned to maximize the health of children, families and staff/providers.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • The food preparation is done in an area in which the probability of contamination is minimal. | | | | | | | | | |
| • The food preparation area is arranged to minimize cross-contamination and is designed so that when contamination does occur, it can easily and quickly be remedied. | | | | | | | | | |
| • A separate area is reserved for the isolation and comfort of sick people. | | | | | | | | | |
| • All areas, surfaces and objects used for hand washing, toileting, diapering, laundry, isolation of sick people, and food preparation and service are easy to clean and sanitize. | | | | | | | | | |
| • Toys, equipment, toilet areas and other surfaces used by the children in work and play are regularly cleaned and sanitized. | | | | | | | | | |
| • The environment contains no toxic substances such as lead-based paint or asbestos that would endanger child health. | | | | | | | | | |
| • Water supplies and sewage disposal systems are regularly checked for freedom from contamination. | | | | | | | | | |
| • The facility is smoke- and drug-free. | | | | | | | | | |

**QUALITY STANDARD:**

**E-4 The physical environment and its furnishings are planned to support the development and learning potential of the children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Activity areas are clearly defined by spatial arrangement. | | | | | | | | | |
| • As much as possible, noisy activities are separated from quiet activities. | | | | | | | | | |
| • The indoor environment includes soft elements such as rugs, cushions and upholstered furniture. | | | | | | | | | |
| • The outdoor environment includes a variety of surfaces such as soil, grass, sand and hard areas for wheel toys. | | | | | | | | | |
| • Materials and equipment used by the children are developmentally appropriate for the age and abilities of the children in the program. | | | | | | | | | |
| • Multipurpose, open-ended materials are used so that children are not restricted to a specific use for materials. | | | | | | | | | |
| • Materials and equipment, such as books, dolls, toys, wall decorations, musical instruments and recordings, represent diverse cultures, ethnic groups, gender roles and abilities and are not stereotypical. | | | | | | | | | |
| • Equipment, materials and learning supplies are clearly organized and easily accessible to the children to promote independent selection, use and clean up. | | | | | | | | | |

**QUALITY STANDARD:**

**E-4 The physical environment and its furnishings are planned to support the development and learning potential of the children.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Additional materials and equipment are available to rotate into the environment for variety and novelty. | | | | | | | | | |

**QUALITY STANDARD:**

**E-5 Each adult has primary responsibility for an identified group of children for the majority of the program day. Every effort is made to assure secure relationships between children and adults.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Every attempt is made to have continuity of adults who work directly with children, particularly infants and toddlers, who spend the majority of the time in interactions with the same adult each day. | | | | | | | | | |

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## F. ESSENTIAL ELEMENT: HEALTH PROMOTION

RATIONALE: The program promotes good mental and physical health practices. As staff/providers, children and families use good health practices, such as washing hands, exercising, and eating nutritious meals, they are more likely to stay healthy and to develop lifelong health habits. Good mental health practices reduce stress, improve children's ability to learn, and increase self-esteem.

**QUALITY STANDARD:**

**F-1 Children, staff/providers and families use measures to protect and promote good health.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • A health record for each child contains medical, dental, developmental histories and appropriate instructions for allergies and other special health needs of the child. | | | | | | | | | |
| • A record for each child verifies completion of all recommended immunizations. | | | | | | | | | |
| • Children's special health needs and procedures are clearly communicated to staff/providers. | | | | | | | | | |
| • Staff/providers receive training in handling any special health needs and procedures. | | | | | | | | | |
| • Staff/providers are free of physical conditions that might adversely affect children's health. Physical health screening is done prior to beginning work with young children and periodically thereafter. | | | | | | | | | |
| • Illness exclusion policies are written, communicated to families and staff/providers, and followed. | | | | | | | | | |

**QUALITY STANDARD:**

**F-1 Children, staff/providers and families use measures to protect and promote good health.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVE-MENT | SATISFAC-TORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Provisions are made for the notification of family members or their designee when a child becomes ill or is exposed to a contagious disease. | | | | | | | | | |
| • Sick children are isolated to protect well children and are comforted until family members can arrive. | | | | | | | | | |
| • Staff/providers use universal precautions for protection from disease and infections. Spills of body fluids are cleaned up immediately. | | | | | | | | | |
| • Children and staff wash their hands with warm, running water and liquid soap after toileting/diapering, wiping noses and any contact with contaminants and before food preparation and eating. | | | | | | | | | |
| • Children and adults brush their teeth after eating meals. | | | | | | | | | |
| • Areas, objects and surfaces used for diapering, laundry, food preparation and food service are cleaned and sanitized with each use. | | | | | | | | | |
| • Drinking water is easily accessible or regularly offered to the children both indoors and outdoors. | | | | | | | | | |
| • Children participate in physical activity on a daily basis, including outdoor activities when weather permits. | | | | | | | | | |

**QUALITY STANDARD:**

**F-1 Children, staff/providers and families use measures to protect and promote good health.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Frequent opportunities for health education are presented to children, staff/providers and families. | | | | | | | | | |

**QUALITY STANDARD:**

**F-2 The program promotes good mental health in children, staff/providers and families.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • The sounds in the environment are mostly pleasant conversations and laughter rather than harsh voices or enforced quiet. | | | | | | | | | |
| • The interactions and relationships are respectful and kind and support the dignity of all people. | | | | | | | | | |
| • The program for the children is developmentally appropriate and works to assure the success of each child. | | | | | | | | | |
| • Staff/providers use positive techniques of guidance and abstain from corporal punishment, humiliating and frightening discipline methods and sarcasm. | | | | | | | | | |

**QUALITY STANDARD:**

**F-2 The program promotes good mental health in children, staff/providers and families.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Staff/providers and family members form positive working partnerships on behalf of the children. | | | | | | | | | |
| • Working conditions for staff/providers are pleasant and supportive of individual strengths and needs, professional growth and morale. | | | | | | | | | |
| • Staff/providers are encouraged to meet their own personal needs and nurture themselves to maintain energy and enthusiasm and to prevent burnout. | | | | | | | | | |
| • The program uses community mental health resources for referrals and education. | | | | | | | | | |

**QUALITY STANDARD:**

**F-3 Healthful eating habits are encouraged through the provision of nutritious foods eaten in a pleasant social atmosphere.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Nutritious snacks and meals as determined by USDA guidelines are served. | | | | | | | | | |
| • Children are offered a quantity of food in their meals and snacks which provides for their specified nutritional needs. | | | | | | | | | |
| • Foods served reflect the ethnic and cultural composition of the group. | | | | | | | | | |

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**QUALITY STANDARD:**

**F-3 Healthful eating habits are encouraged through the provision of nutritious foods eaten in a pleasant social atmosphere.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Foods are served that will broaden the children's food experiences. | | | | | | | | | |
| • Special dietary needs for children are accommodated. | | | | | | | | | |
| • Menus are available for families. | | | | | | | | | |
| • Infants are held and talked to while bottle fed. | | | | | | | | | |
| • Children and staff/providers eat together, sharing the same menu and socializing in a relaxed atmosphere. | | | | | | | | | |
| • Tables and chairs are child-sized, comfortable and conducive to independence. | | | | | | | | | |
| • Eating utensils are age-appropriate, adapted for the children's abilities, and sanitized before each use. | | | | | | | | | |
| • Food is not used as punishment or reward. | | | | | | | | | |
| • Children are encouraged but not forced to eat or taste. | | | | | | | | | |
| • Children are given sufficient time to eat. | | | | | | | | | |
| • Meal times and foods are used as opportunities for nutrition education. | | | | | | | | | |
| • Staff/providers and families receive information on nutrition and sound eating habits. | | | | | | | | | |

## G. ESSENTIAL ELEMENT: INCLUSIVE PRACTICES

RATIONALE: Valuing human uniqueness is a goal of quality early care and education programs. Practices that are responsive to and respectful of individual differences promote acceptance of each person, positive self-esteem and strong cultural identity. Children with disabilities and developmental delays are more likely to develop positive social skills when integrated with their typically developing peers. Children who experience diversity learn about basic similarities of all people and appreciate their differences. When staff/providers promote fairness and work to counter prejudice, all children can feel safe and valued.

**QUALITY STANDARD:**

**G-1 Those providing services for children and their families understand and commit to practices which build on each child's culture, language, strengths and interests.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Staff/providers recognize that every individual is influenced by their culture. | | | | | | | | | |
| • Staff/providers continuously examine program policies, practices and personal philosophies for bias. | | | | | | | | | |
| • Staff/providers actively identify institutional and personal biases. | | | | | | | | | |
| • Staff/providers actively seek accurate information about the cultures of different groups and discard stereotypes. | | | | | | | | | |
| • Staff/providers recognize that families and cultural groups in the community are the best sources for culturally relevant information. | | | | | | | | | |
| • When children with limited English language ability are enrolled, staff/providers continue the development and maintenance of the primary language while initiating English language skills. | | | | | | | | | |

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**QUALITY STANDARD:**

**G-1 Those providing services for children and their families understand and commit to practices which build on each child's culture, language, strengths and interests.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Staff/providers are representative of the races and cultures of the community and families served. | | | | | | | | | |

**QUALITY STANDARD:**

**G-2 The program is individualized to reflect the diversity of the families and the community and to build awareness and respect for others.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • The learning environment reflects the language and culture of the children in the program. Awareness of different cultures is promoted. | | | | | | | | | |
| • Materials reflect diversity in culture, ethnicity and gender and persons of different abilities. They avoid negative stereotypes. | | | | | | | | | |
| • Children are provided with positive experiences exploring similarities and differences among people. | | | | | | | | | |
| • Staff/providers are proactive in asserting that a person's identity (race, ethnicity, religion, language, family background, gender, age, disability, or appearance) is never an acceptable reason for teasing or rejection. | | | | | | | | | |
| • Staff/providers offer children of both genders equal opportunities to take part in all activities. | | | | | | | | | |

**QUALITY STANDARD:**

**G-2 The program is individualized to reflect the diversity of the families and the community and to build awareness and respect for others.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Families and people from the community are invited to share their cultures and skills with the children. | | | | | | | | | |
| • Children attend local events and go to places representing the cultures of the community. | | | | | | | | | |
| • The program has a nondiscriminatory hiring policy and seeks diversity in staff hiring and enrollment of children. | | | | | | | | | |

**QUALITY STANDARD:**

**G-3 Children with disabilities and developmental delays are integrated with more typically developing, same-age peers.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Modifications are made in the physical and learning environment to accommodate the needs of children with disabilities and developmental delays. | | | | | | | | | |
| • To the fullest extent possible, children with disabilities and developmental delays are integrated into peer groups. | | | | | | | | | |
| • Child-staff ratios are lower to facilitate interactions with all children. | | | | | | | | | |

**QUALITY STANDARD:**

**G-3 Children with disabilities and developmental delays are integrated with more typically developing, same-age peers.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Individual Education Plans (IEPs) or Individual Family Service Plans (IFSPs) are developed for each child by a team composed of staff/providers, family members and other relevant professionals who know the child. | | | | | | | | | |
| • Staff/providers receive training that addresses the capabilities as well as the specific disabilities of the children in the group, and assistance in implementing the written plans. | | | | | | | | | |
| • Speech, physical, and occupational therapy are incorporated as much as possible within regular program activities rather than removing the child from the group. | | | | | | | | | |
| • Staff/providers are informed about and abide by the provisions and mandates of state and federal laws regarding children with special needs. | | | | | | | | | |

## H. ESSENTIAL ELEMENT: EFFECTIVE ADMINISTRATION AND BUSINESS PRACTICES

RATIONALE: Programs that follow responsible and ethical business practices are more likely to provide stable, consistent and quality care and education for children. Employees and families benefit from well-planned and well-communicated administrative policies.

**QUALITY STANDARD:**

**H-1 The program complies with all applicable federal, state and local standards, laws and codes.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Required licenses, certificates and other records of compliance are current and are displayed or easily accessible. | | | | | | | | | |
| • The program files applicable federal, state and local tax forms. | | | | | | | | | |
| • The program carries liability insurance. Vehicles used to transport children are covered with an adequate amount of accident and liability insurance. | | | | | | | | | |
| • A policy is in place to report suspected cases of child abuse or neglect. All staff members and families are informed of the plan. | | | | | | | | | |
| • All personnel are screened for prior state record of criminal activity. | | | | | | | | | |
| • The program follows nondiscriminatory hiring practices. | | | | | | | | | |

**QUALITY STANDARD:**

**H-2 The program follows sound administrative and business practices.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • The program has a designated administrator or manager who oversees the administrative functions of the program. | | | | | | | | | |
| • If the manager is absent from the facility, a person on-site is designated to assume authority and take action in emergencies. | | | | | | | | | |
| • The program administrator keeps records of financial planning and actual income and expenses. | | | | | | | | | |
| • If applicable, the program has a written contract or agreement for services with each family. | | | | | | | | | |
| • Records are kept on attendance of staff and children, health files, enrollment information, accident reports, etc., as well as minutes of board/advisory council meetings, when appropriate. | | | | | | | | | |
| • Confidential records about children, families, and associates are kept in locked files. | | | | | | | | | |

**QUALITY STANDARD:**

**H-3 Program policies are clearly communicated.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Written policies include the following as are applicable to the program:<br>▸ Calendar of open and closed days.<br>▸ Hours of operation.<br>▸ Arrival and departure procedures.<br>▸ Fees and payment schedules.<br>▸ Enrollment and termination procedures.<br>▸ Program mission and goals.<br>▸ Discipline and guidance practices.<br>▸ Reporting of suspected abuse.<br>▸ Emergency plans.<br>▸ Assessment of children.<br>▸ Conferences and home visits.<br>▸ Procedures for complaints.<br>▸ Program evaluation procedures and other program expectations of families.<br>▸ Procedures for routines such as meals, naps, toileting and diapering.<br>▸ Exclusion for illness.<br>▸ Equal Opportunity Employer.<br>▸ Compliance with the Americans with Disabilities Act.<br>▸ Confidentiality. | | | | | | | | | |

**QUALITY STANDARD:**

**H-4 The program assures a pleasant, professional working climate.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • As applicable, orientations and initial training are provided for staff/providers at the beginning of employment. | | | | | | | | | |
| • The program has written personnel policies that are available to employees. These policies may include the following as applicable: job descriptions, benefits, professional development opportunities, guidance and discipline, program mission and goals, professional ethics, grievance procedures, and performance assessments. | | | | | | | | | |
| • Regular staff/provider meetings are held to consult on program planning for all children. | | | | | | | | | |
| • The program keeps personnel files that should include: records of professional training and certification, education and experience, results of criminal record check, certification of first aid and CPR training, emergency contact and emergency medical treatment information and plans for professional development. | | | | | | | | | |
| • Activities are planned to build and maintain staff morale and cohesiveness. | | | | | | | | | |

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**QUALITY STANDARD:**

**H-5 The program is evaluated at least annually.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Procedures for evaluation of program effectiveness are developed. | | | | | | | | | |
| • Employees and families are invited to participate in program evaluation. The results of the evaluation are used to develop plans, review policies, and assure quality services to children and families. | | | | | | | | | |

**QUALITY STANDARD:**

**H-6 Systematic assessment of the effectiveness of the program in meeting its goals for the children, parents, staff/providers is conducted to ensure that quality care and education are provided.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Staff/providers are informed of what areas they will be evaluated on in advance. | | | | | | | | | |
| • All staff/providers are evaluated annually by the administrator or other appropriate supervisor. | | | | | | | | | |
| • All staff/providers have received training on the evaluation process within each program. | | | | | | | | | |
| • Staff/provider evaluations include classroom observation. | | | | | | | | | |

**QUALITY STANDARD:**

**H-6 Systematic assessment of the effectiveness of the program in meeting its goals for the children, parents, staff/providers is conducted to ensure that quality care and education are provided.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • Results of staff/provider evaluations are written and confidential. They are discussed privately with the staff member. | | | | | | | | | |
| • Employees are regularly evaluated with results of evaluations used to develop plans for continuing education and training. | | | | | | | | | |
| • Staff/providers have an opportunity to evaluate their own performance. | | | | | | | | | |
| • Parent satisfaction questionnaires are conducted on an annual basis. | | | | | | | | | |
| • Exit interviews are conducted with families when a child leaves the program. | | | | | | | | | |

**QUALITY STANDARD:**

**H-7 The program develops and utilizes a process to document reasons that parents are not participating, including such issues as follows in the indicators.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST | RESOURCE | |
| • Staff/providers develop and utilize a process to document reasons parents are not participating. For example:<br>‣ Parent choice.<br>‣ Lack of a phone.<br>‣ Lack of adequate notice about opportunities for involvement.<br>‣ Need for extended day or wrap-around child care services.<br>‣ Lack of transportation. | | | | | | | | | |

## I. ESSENTIAL ELEMENT: CONTINUITY FOR CHILDREN AND FAMILIES

RATIONALE: Early care and education programs work together to ensure a common mission and continuity in services for children and families. Children achieve more if there are linkages, common visions and practices between programs. Staff/providers within the community work together to assure that families receive the comprehensive and inclusive services they need.

**QUALITY STANDARD:**

**I-1 Early care and education programs collaborate within the community to develop awareness, a common mission and inclusive, comprehensive services for children and families.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • The community has an interagency team consisting of representatives from all types of early care and education and family support programs. The team includes family members whose children are currently accessing early care and education services. | | | | | | | | | |
| • The team shares a common vision of early care and education. | | | | | | | | | |
| • The team develops an interagency transition plan. | | | | | | | | | |
| • The team works together to strive for seamless, comprehensive and inclusive services for all children and families. | | | | | | | | | |
| • The team develops and maintains a directory of child and family focused community programs and agencies. | | | | | | | | | |
| • Team members advocate on behalf of children and families. | | | | | | | | | |

**QUALITY STANDARD:**

**I-2 Early care and education programs and families work together to ensure a smooth transition for each child and family between levels in a program, from program to program, and from grade to grade.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • All adults who are responsible for a child's care and education, including family members, share in developing a transition plan as the child transitions between levels in a program, from program to program, and from grade to grade in school. | | | | | | | | | |
| • The plan includes a series of transition activities that will prepare the child and family for the changes and make the transition positive. | | | | | | | | | |
| • The plan is sensitive to individual needs, culture, language and previous experiences of the child and family. | | | | | | | | | |
| • As the plan is implemented, outcomes are noted and used to improve future transitions for the child. | | | | | | | | | |
| • Information to support a child's development is shared (with family permission) across settings. | | | | | | | | | |

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**QUALITY STANDARD:**

**I-3 Staff/providers across settings have opportunities to build relationships and learn with one another through training and sharing opportunities.**

| INDICATORS: | EVALUATION | | | PRIORITY FOR CHANGE | | | NEED | | NOTES/COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | NEEDS IMPROVEMENT | SATISFACTORY | STRENGTH | GOAL FOR THE YEAR | EMERGING | IN PLACE | TECH ASST. | RESOURCE | |
| • The programs promote joint professional development opportunities for staff/providers to discuss, learn, and plan together. | | | | | | | | | |
| • Cross-program visits are made to learn more about other programs. | | | | | | | | | |
| • Training opportunities are shared among staff/providers to enhance their knowledge of the fundamentals of child development and developmentally appropriate practice. | | | | | | | | | |

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# APPENDICES

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# WEST VIRGINIA CAREER PATHWAYS LEVELS

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# WEST VIRGINIA CAREER PATHWAY LEVELS

These competency levels and appropriate developmental practices describe expected attributes, skills and abilities of all people who work with young children (ages birth through eight years) and their families. Training and understanding of core competencies is the same for all who work in an early childhood setting. The level of competence, skills, abilities and understanding increases as staff/providers become more experienced and assume more responsibility, especially in the areas of programming, advocacy, training and supervision. A supervisor is to have a higher level of education and/or more years of experience than the person being supervised.

These competency levels are based on core competencies used by CDA (Child Development Associate National Credentialing Program), and Guidelines for Preparation of Early Childhood Professionals (1995) used by NAEYC (National Association for the Education of Young Children). The Child Development Associate Credential (CDA) is a federally funded early childhood credential administered by the Early Childhood Council for Professional Recognition, a division of the National Association for the Education of Young Children.

Seven levels of competency reflect experience and/or formal educational accomplishments. Individuals at all levels must be at least 16 years of age, have no criminal record and be in good health. A physician's statement is required indicating that the individual is in good health to work with young children and has evidence of current immunizations.

***The abilities in each level are cumulative. Individuals must demonstrate proficiency in the core competency abilities listed in each previous level as well as in their level of professional development. All levels require up-to-date first aid certification, including rescue breathing.***

Level I:

Individuals at this level must be at least 16 years of age and be enrolled in high school or GED preparation classes. They *conform* to core competencies (see attached) by following the directions and instructions of their supervisors.

Level II:

Individuals at this level must be at least 18 years of age, have a high school diploma or its equivalent and have an interest in working with young children. Staff/providers at this level have 0-1 year of experience working with young children and will assist other staff/providers. They *understand and practice* core competencies with direction and instruction from their supervisors.

Level III - CDA:

Staff/providers must have:

1. A Child Development Associate (CDA) certificate or its equivalent (12 semester hours of college credit in early care and education related courses and a minimum of 300 clock hours of supervised field experience with infants, toddlers, preschoolers or school-age children with diverse abilities, and in diverse settings).

   Experience Exemption: ten (10) years of full time occupational experience (averaging a minimum of 1200 clock hours per year) in a licensed facility, a public school program, Head Start program, a registered family child care home or an early intervention program.*

   Staff/providers at this level *practice and implement programming*, under supervision, which conforms to core competencies.

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* Experience exemption: The effective dates and time periods of the experience exemption will be determined once the system is operational. Staff/providers with 10 years of prior, relevant occupational experience by (date) may bypass formal credentialing and educational requirements and advance to Level III. This exemption clause will be in effect for (time period) and will expire on (date).

Level IV:

Staff/providers must have:

1. U.S. Department of Labor Apprenticeship Certificate

**or**

2. Certificate Program in Child Development or equivalent (32-34 semester hours of college credit) + 1 year of experience (a minimum of 1200 clock hours per year).

   Experience Exemption: fifteen (15) years of occupational experience (averaging a minimum of 1200 clock hours per year) in a licensed facility, a public school program, Head Start program, a registered family child care home or an early intervention program.**

   Staff/providers at this level *plan and adapt programming*, under supervision, which conforms to core competencies.

Level V - Associate Degree:

Staff/providers with an Associate Degree in child development, early childhood or a related field (equivalent = 62-64 semester hours of college credit, which includes at least one practicum experience with young children) *make curricular decisions*, under supervision, which conform to core competencies.

Level VI - Bachelor's Degree:

Staff/providers with a Bachelor's Degree in child development, early childhood or a related field (equivalent = 120 semester hours of college credit with a minimum of 9 hours of early childhood or child development course work as part of the degree or within the first year of employment) and/or with birth-5 certification *develop, select and evaluate the early care and education program* to insure that it conforms to core competencies. In addition, they *apply theory into practice and help others understand this application of theory.*

Level VII - Advanced Degree:

Staff/providers with a Master's Degree or higher in child development, early childhood or a related field (must include a minimum of 9 hours of early childhood or child development course work as part of the degree or within the first year of employment) *are directly involved in the activities of state, regional and/or national groups* who advocate for children, and *contribute to the formation, evaluation and implementation of policies* within the field of early childhood.

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** Experience exemption: The effective dates and time periods of the experience exemption will be determined once the system is operational. Staff/providers with 15 years of prior, relevant occupational experience by (date) may bypass formal credentialing and educational requirements and advance to Level IV. This exemption clause will be in effect for (time period) and will expire on (date). This exemption clause will be in effect for (time period) and will expire on (date).

**Core Competencies:**

It is implicitly understood that these competencies are necessary to promote the optimal development of all children, including those with special needs and that activities and environments should be adapted to accommodate each child's learning modality and style.

**Safety**

- Provides a safe environment to prevent and reduce injuries;
- Is attentive to children's activities;
- Has skills and knowledge to prevent injuries and handle emergencies and injuries appropriately when they occur;
- Has formal training and up-to-date Certification in First Aid for children, including rescue breathing; and
- Recognizes indicators of child abuse and neglect.

**Health**

- Is familiar with what diseases require exclusion of children; what diseases and conditions can be included in the regular classroom,
- Models and promotes good health and nutrition habits;
- Provides environment that contributes to the prevention of illness;
- Nurtures children's developing identify and feelings of self-worth;
- Integrates health care activities into the curriculum;
- Can identify symptoms of common early childhood illnesses;
- Provides for nutritional needs of children as specified under USDA; and
- Can demonstrate effective procedures to prevent the spread of disease.

**Environment**

- Appropriately addresses issues of space, social relationships, materials and routines in setting the environment;
- Creates an interesting, secure and enjoyable environment that encourages play, exploration and learning;
- Support a broad array of experiences;
- Establishes a reliable routine;
- Maintains an appropriate adult/child ratio; and
- Environment encourages visits and participation by parents, such as having comfortable adult chairs, adult coat storage, etc.

**Physical Development**

- Provides a variety of equipment, activities and opportunities to promote the physical development of children;
- Provides for physical development, including large and small muscle strengthening, coordination and control;
- Recognizes, respects and accommodates wide differences in individual rates of physical development;
- Demonstrates an understanding of patterns and stages of a child's physical growth; and
- Observes and discusses with parent and notes in writing any unusual patterns of growth or unusual behavior that might be related to physical capability.

**Cognitive Development**

- Provides activities and opportunities that encourage curiosity, exploration and problem-solving;
- Uses developmental criteria and understanding of learning styles in working with children;
- Responds to children's interests by providing new learning opportunities;
- Responds to children's questions with information and enthusiasm;
- Respects the relationship of cognitive development with other areas of development (physical, social and emotional);
- Demonstrates an understanding of patterns and stages of a child's cognitive growth; and
- Understands and can explain to parents the ways in which each of the activities for children contribute to cognitive development.

**Development of Creativity**

- Provides opportunities that stimulate children to play with sound, rhythm, language, materials, space and ideas in individual ways;
- Supports and respects children's expression of creative abilities;
- Encourages spontaneous expression; and
- Expands children's imaginations.

**Communication**

- Communicates verbally and non-verbally with other staff to create a well-functioning team;
- Models good communication skills;
- Provides opportunities and support for children to understand, acquire, and use verbal and non-verbal means of communicating thoughts and feelings;
- Provides ample opportunity for children to listen, interact, and express themselves freely with other children and adults; and
- Demonstrates an understanding of patterns and stages of a child's language development.

**Self**

- Provides physical and emotional security for each child;
- Helps each child to know, accept and take pride in himself/herself;
- Helps children develop independence;
- Demonstrates and encourages respect for and valuing of cultural, racial, gender, socio-economic and physical ability differences;
- Supports child's self-esteem by providing opportunities for children to master new abilities, to experience success and safely make mistakes;
- Helps children find their own ways to handle increasingly challenging tasks;
- Demonstrates an understanding of patterns and stages of a child's self growth;
- Recognizes each child as a unique person and establishes a caring relationship; and
- Recognizes each child's identify as part of a family and works in partnership with parents.

**Social**

- Helps each child feel secure and accepted in the group;
- Helps children learn to communicate and get along with others;
- Encourages feelings of empathy and mutual respect among children and adults;
- Integrates multicultural/anti-bias themes, literature and experience in all curriculum areas;

- Demonstrates an understanding of patterns and stages of a child's social development; and
- Demonstrates the ability to facilitate the development of group cooperation among the children; and to contribute to a feeling of community and family supportiveness in the program as a whole.

**Guidance**

- Provides a supportive environment in which children learn and practice appropriate and acceptable behaviors;
- Provides consistent limits and realistic expectations;
- Clearly and positively defines expectations;
- When setting expectations, takes into account each child's development and needs;
- Support children's efforts to independently resolve their own problems;
- Discusses guidance with parents and makes sure that children understand any differences in approach between the home and the program; and
- Demonstrates ability to use positive methods of guidance rather than punishment.

**Families**

- Supports the family's role as primary caregiver and teachers of their children;
- Accepts and supports each child's cultural, racial and socio-economic background;
- Creates and maintains open, friendly, cooperative relationships with each child's family;
- Encourages each family's involvement in the program in a variety of ways, responsive to each family situation;
- Supports the child's relationship with his/her family;
- Accepts the diverse values of families;
- Individualizes community resources for families;
- Recognizes children and families with emotional distress, abuse and neglect and provides avenues of assistance;
- Establishes regular communication with parents to gain needed information about the child's life outside the program and give parents needed information about the child's play; and
- Generates opportunities for the program and parents to collaborate.

**Program Management**

- Works cooperatively with co-workers and families;
- Has a systematic approach to organizing, planning, and keeping records;
- Delegates responsibility;
- Uses all available resources to ensure effective operation;
- Keeps accurate records of needs, plans and practices; and
- Observes and records children's behavior, makes plans based on observed needs.

**Professionalism**

- Makes decisions based on knowledge of early childhood theories and practices;
- Promotes quality in early care and education services;
- Takes advantage of opportunities to improve competence;
- Continues to set new goals, takes initiative;

- Works to resolve issues and problems cooperatively and respectfully;
- Advocates for quality early care and education;
- Develops relationships with other early care and education professionals for support and information exchange; and
- Joins professional organizations and plays a responsible role.

# CONTINUOUS IMPROVEMENT PLAN

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# CONTINUOUS IMPROVEMENT PLAN

| PRIORITY NUMBER | QUALITY STANDARD NUMBER | GOAL | STEPS TO TAKE | BY WHOM? | TARGET DATE |
|---|---|---|---|---|---|
| | | | | | |
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Participants in developing this plan: _____ _____ _____

Date: 165 _____ _____ 169

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